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TGW 1654 *#/cc*

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Effective on 01/01/2004. Patent fees are subject to annual revision.

# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ ) **55.00**

## Complete if Known

Application Number	09/845,923
Filing Date	04/30/01
First Named Inventor	Patrick Kennedy
Examiner Name	Patricia Leith
Art Unit	1654
Attorney Docket No.	1022-11

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order

Deposit Account  None

Deposit Account Number  
**50-2828**

Deposit Account Name  
**Jack Schwartz**

The Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below
- Charge fee(s) indicated below, **except for the filing fee**
- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
- Credit any overpayments

to the above-identified deposit account.

Other (please identify): \_\_\_\_\_

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

### 1. BASIC FILING FEE

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid(\$)</u>
Utility Filing Fee	790	395	_____
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____

**Subtotal (1) \$** \_\_\_\_\_

## FEE CALCULATION (continued)

### 2. EXTRA CLAIM FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

**Total Claims      Extra Claims      Fee (\$)** \_\_\_\_\_ **Fee Paid (\$)** \_\_\_\_\_

$\frac{9}{\text{HP}} - 20 \text{ or HP} = \frac{\text{Fee ($)}}{\text{Fee ($)}} \times \text{Fee ($)} = \text{Fee Paid ($)}$

**Indep. Claims      Extra Claims      Fee (\$)** \_\_\_\_\_ **Fee Paid (\$)** \_\_\_\_\_

$\frac{\text{Indep. Claims}}{\text{HP}} - 3 \text{ or HP} = \frac{\text{Fee ($)}}{\text{Fee ($)}} \times \text{Fee ($)} = \text{Fee Paid ($)}$

**Multiple Dependent Claims      Fee (\$)** \_\_\_\_\_ **Fee Paid (\$)** \_\_\_\_\_

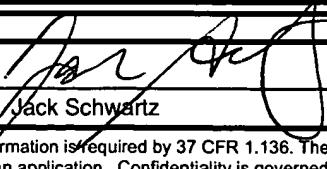
**Subtotal (2) \$** \_\_\_\_\_

### 3. OTHER FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid(\$)</u>
1-month extension of time	110	55	55.00
2-month extension of time	430	215	_____
3-month extension of time	980	490	_____
4-month extension of time	1,530	765	_____
5-month extension of time	2,080	1,040	_____
Information disclosure stmt. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	340	170	_____
Filing a brief in support of appeal	340	170	_____
Request for oral hearing	300	150	_____
Other: _____			

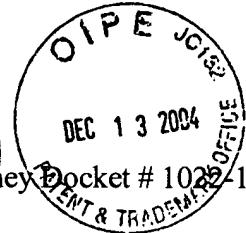
**Subtotal (3) \$** \_\_\_\_\_

## SUBMITTED BY

Signature		Registration No. 34,721 (Attorney/Agent)	Telephone (212) 971-0416
Name (Print/Type)	Jack Schwartz		Date 12/09/04

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Attorney Docket # 1029-11

09/845,923

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Inventor: Patrick Kennedy

Examiner: Patricia A. Leith

Serial No.: 09/845,923

Group Art Unit: 1651

Filed: 30 April 2001

**Title: PHARMACEUTICAL COMPOSITION  
AND METHOD FOR RELIEVING ITCH, PAIN  
AND SWELLING RESULTING FROM INSECT  
BITES AND STINGS**

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the office action dated August 12, 2004, no paper number , in the subject patent application, for which a response is due on November 12, 2004, and for which a one-month extension of time until December 12, 2004 is hereby respectfully requested, the following comments are submitted and reconsideration of the claim rejections is respectfully requested.

Please charge the fee of fifty five dollars (\$55.00) due under 37 CFR 1.17(a)(1) for a one month extension of time to the credit card indicated on the attached Credit Card Authorization Sheet. Applicant respectfully submits that no other fee is due in this application.

The Applicants submit that in view of the attached Certificate of Mailing, this response is timely.

**Listing/Amendment to the claims begin on page 2 of this response.**

**Remarks begin on page 9 of this response.**

12/15/2004 YPOLITE1 0000009 502828 09845923

01 FC:2251

5.00 DA 55.00 OP



U.S. Patent Application No.: 09/845,923

CERTIFICATE OF MAILING

I hereby certify that this amendment is being deposited with the United States Postal Service as First Class Mail, postage prepaid, in an envelope addressed to the Mail Stop Amendment, Commissioners for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

December 9, 2004

Date

Jesse Bucholtz,  
Reg. No.: 55,027

A handwritten signature in black ink, appearing to read "Jesse Bucholtz", is written over the printed text "Jesse Bucholtz, Reg. No.: 55,027".